

April 14, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2 03 0872 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient was working for the ___ and suffered from pain in her neck, low back and legs, according to records. The patient underwent a significant amount of treatment for the injury, including chiropractic and modalities. There has apparently been little response to care to this point. Records indicate that there is a long-standing history of osteoporosis and osteogenesis imperfecta, as well as spondylosis of the spine. The injuries which were sustained were generally considered to be soft tissue in nature, as witnessed by the diagnosis codes used. No disc herniation has been diagnosed at any level, from the documentation found in this file.

DISPUTED SERVICES

The carrier has denied the medical necessity of the purchase of a neuromuscular stimulator,

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient suffered from a soft tissue almost 1 year ago and still complains of pain, yet there is no objective evidence that the pain is organic in nature. No diagnostic evidence is provided that would validate the claim of pain for this patient. It is highly uncommon for a somatic dysfunction to last for a year without recovery or reduction of pain. The purchase of a neuromuscular stimulator would not likely be of long term benefit for this patient, and in fact would not be of benefit even in the short term for inorganic pain. Any muscular rigidity and spasm would likely be related to a long term degenerative process that is present in this lady. I would also challenge medical necessity in this case due to a lack of objective documentation do indicate whether this case is severe enough to warrant such a purchase. As a result, I see no reason to consider this case medically necessary.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 14th day of April 2003.